

## Instruction for the Quarterly Nursing Home Staffing Report

### **DIRECTIONS FOR COMPLETING NURSING CARE FACILITY – QUARTERLY NURSING STAFF REPORT FORM**

This form is to be completed in accordance with the following instruction:

1. For each date specified, indicate in the **CENSUS** row the actual **NUMBER** of patients who were residing in the facility. Also enter the number of Director of Nursing (**DON**) **HOURS** for each date specified. The DON must be a Registered Nurse (RN). If the facility has less than 30 beds, the hours worked by the DON should also be reported in the hours recorded for direct patient care personal. If the facility has 30 or more beds, the hours worked by the DON must be reported in the DON column and not included in the TOTAL HOURS WORKED PROVIDING DIRECT PATIENT CARE.
2. For each date specified, enter the total number of **HOURS** of direct care provided by the six categories\* of direct care personnel for each shift. You may only count the EMPLOYED nursing staff and not voluntary staff of the facility and, additionally, only those personnel who actually provide direct patient care. EMPLOYED nursing staff includes paid pool staff.  
  
**2a. Do NOT include pool hours in the in-house categories. In-house hours should include only hours provided by facility employees. Report only “pool staff hours” in the three POOL STAFF boxes.**
3. The administrator of the home must certify to the accuracy of the reports submitted.

\* Section 338 of Public Act 119 of 2001, adds a requirement to collect pool staff statistics which adds categories to the data range.

This reporting form is to be completed, properly signed and returned, **within 10 days** following receipt to:

**Michigan Department of Community Health  
Bureau of Health Systems  
Attention: Linda Miller  
Division of Nursing Home Monitoring  
1808 W. Saginaw Street  
Lansing, MI 48915**

**TYPING THIS INFORMATION IS REQUIRED.**